

Original Communication

Female victims of torture

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Received 1 November 2006; accepted 4 December 2006

Available online 1 May 2007

Abstract

Torture is common today and is practised in over 100 countries according to Amnesty International. A substantial number of refugees coming to Europe have been tortured including females. Documentation of physical injuries due to torture is done by forensic pathologists often in collaboration with psychiatrists. In Sweden, the majority of torture documentations is done by an organization (KTC) which have specialized in documenting torture, and in short-term therapy of refugees and other crime victims suffering from post-traumatic stress.

From the KTC archives of 500 documented alleged torture victims, the records of 63 females were studied separately. Age, nationality, asylum motive, social situation, torture methods, number of injuries, and sequels to torture were among the variables studied.

Female torture victims differed from their male counterparts studied previously in the following: (i) The most common reason for seeking asylum was persecution because of the political activity of their husbands or some other close relative. (ii) Rape often both anal and vaginal, several times, and by different persons, was reported by 76% of the women. Physical abuse by use of blunt force was alleged by 95% but (iii) other types of force and specific torture methods was reported infrequently. (iv) A high frequency of PTSD – 87% was diagnosed.

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Keywords: Torture; Forensic medicine; Sexual abuse; PTSD

1. Introduction

In Sweden, about 16,000 refugees apply for asylum each year (statistics from the Migratory Board of Sweden, mean annual number during 1993–2001). A large proportion includes political and war refugees from countries in Asia and Africa. The number of torture victims among them is uncertain. Estimates from groups of Danish refugees in the 1990s are that about 10% have been tortured.¹

There are organizations for documentation of torture and for short term psychotherapy for asylum seekers in many countries. In Sweden, the Centre for Torture and

Trauma Victims (CTD) was initiated in 1992. It was later reorganized and is since 2001 known as Kris-och Trauma-Centrum (in Swedish KTC/in English the Crisis and Trauma Centre/). The documentation work has been performed by forensic medical and psychiatric specialists. Consultants in surgery, dermatology, forensic odontology, and experimental psychology have been affiliated to the organization.

To this date about 500 alleged torture victims have been investigated at the KTC (about 0.23% of all asylum applicants each year) 12% of whom have been women. Typically the majority of patients in need of torture documentation come from countries where the political climate is ambiguous such as Bangladesh, or relatively calm but oppressive such as Syria or Iran. The Swedish authorities inform applicants from such countries that their claims are exaggerated or that the situation in their home country has

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improved, and that they can return safely. Individuals whose reports of torture have come to be doubted need to have their alleged torture injuries documented as an adjunct to their asylum application.

Women who have been tortured have not previously been studied separately. In our records, to this date we have had 63 female patients. This study was designed to address the following questions. What characterizes these females? Have they been subjected to special methods of torture? Why have they been arrested and tortured? What injuries do they have? What is their social situation and psychological status? This study aim to answer these questions.

2. Patients and methods

Sixty-three female patients were documented for torture injuries during 1993 – 2005. All were seen by a forensic medical specialist and a psychiatrist. Some of them were also tested for post-traumatic stress disorder (PTSD) and suicidality by a psychologist with the aid of a DMT-test.² Their injuries were photographed. The psychiatric interview was recorded on video (the film cassette was given to the patient afterwards). The forensic and psychiatric documentations were done blindly and independently and the forensic and psychiatric statements were issued separately.

The following was extracted for the present study: age, nationality, asylum motive, social situation, torture events, methods, type of violence, number of injuries, sequels to torture, and forensic statement.

Descriptive statistics, such as means and frequencies, were used.

3. Results

In 48 of the 63 patients (76%) the torture met the criterion of being performed in custody by representatives for some kind of authority. Mean age in this group was 28 years (range 19–47 years), and 58% had given birth to one or more children.

Distribution of nationalities is given in Table 1.

Most of the women ($n = 41$) reported that they sought asylum for political reasons, but in many cases it was not the woman herself but her husband or some other relative who had been politically active. Adultery was the cause in a few cases from moslem countries. War refugees came most often from countries afflicted by internal conflict such as Punjab in India, Kosovo, Somalia, Angola or Colombia. Ethnic and religious persecution ($n = 10$) was found among female patients from Iran and Turkey. Information about reason for seeking asylum was missing in one case.

The most common methods of abuse were blunt force and rape – vaginal or anal. Other types of violence and specific torture methods were infrequent (Table 2).

The number of scars recorded varied between 0 and 33. Torture victims from the African continent and Bangladesh were among those with especially numerous scars. Fractures and loss of teeth were seen in some cases. Subjective symptoms of back or joint pain were the most common complaints, followed by genital and gastro-intestinal symptoms (Fig. 1). PTSD was diagnosed in 87% ($n = 36$).

Table 1

Nationality, asylum reasons, and frequency of alleged rape and physical maltreatment of female torture victims examined at the CTD/KTC between 1993 and 2005 [$n = 63$]

Nationality	Number	Political	War refugee	Ethnic	Religion	Adultery	Rape	Physical maltreatment
Angola	1		1				1	1
Azerbaijan	2	1		1			2	2
Bangladesh	13	12		1			11	13
Bosnia-H	1				1		1	
Colombia	1		1				1	1
Cuba	1	1					1	1
Ecuador	1	1					1	1
Ethiopia	1	1						1
India	2		2				2	2
Iran	11	6		1	2	2	5	10
Kenya	1	1					1	1
Kongo/Zaire	3	3					3	3
Kosovo	1		1					
Montenegro	1						1	1
Nigeria	1				1		1	1
Pakistan	1					1		1
Peru	3	3					3	3
Russia	1			1			1	1
Somalia	2		2				2	2
Syria	3	2				1	2	3
Turkey	3	1		2			3	3
Uganda	9	9					6	9
Total	63	41	7	6	4	4	48	60

Table 2
The most commonly reported torture methods in 63 female torture victims

	Yes	No
Tortured	48	15
Rape/sexual abuse	48	15
Physical maltreatment	60	3
Sharp injuries	24	39
Thermic injuries	16	47
Suspension	5	58
Electricity	8	55
Asphyxia	10	53
Flogging/whipping	8	55
Falaka	4	59
Other ^a	29	34

^a Torture methods and other occurrences mentioned once or a few times such as finger torture (2); treatment with acid/corrosive liquids (3); forced labor (3); pregnancy after rape (3); infanticide (2); fake execution (3).

Socially 51% of the applicants arrived in Sweden in company and 38% had close relatives already living in Sweden. Of those who had arrived alone 50% had relatives living in Sweden already. Twenty-four percent had neither co-applicants nor relatives in Sweden. Many of the women in this category were from Bangladesh. The majority had left one or several children behind in their home countries, but many had brought their youngest child with them to Sweden. After completed investigation, strong or conclusive forensic statements could be issued in about 30% of the women. No correlation was seen between PTSD and the forensic statements.

We only knew the outcome of the asylum applications in 4/63 cases.

4. Case studies

An Iranian woman, hair dresser, 36 years old arrived alone in Sweden in 1995. Her asylum application was turned down and so was her appeal to the Aliens Appeals Board (AAB). In 1999, she was examined at the CTD. She

reported that she had been confronted by the pasdara (an Islamic group) during the Ramadan in 1994 because she was not dressed as prescribed by Islamic law. She was beaten, drenched in kerosene, and set fire to. She was severely burnt and required hospital treatment for 3 months. After discharge she could not return to work, she stayed at home with severe psychiatric symptoms until it was arranged for her to flee the country. At the forensic examination she had extensive, partly pigmented and hypertrophic scars over the head, neck, chest, and upper extremities. She reported severe, intermittent itching from the scars and impaired movement in the shoulder joints (the scars were most severe in the axillae; see Fig. 2). Before the forensic investigation she had seen psychologists and psychiatrists several times, and they had agreed on the diagnosis of PTSD. She had also been hospitalized for suicide attempts and was regarded as prepsychotic. It is widely known that women in Iran may be punished officially or unofficially (as in this case) if they are not dressed in the pre-



Fig. 2. Scars in the axilla and surrounding area in female burnt with inflammable liquid (Case 1).

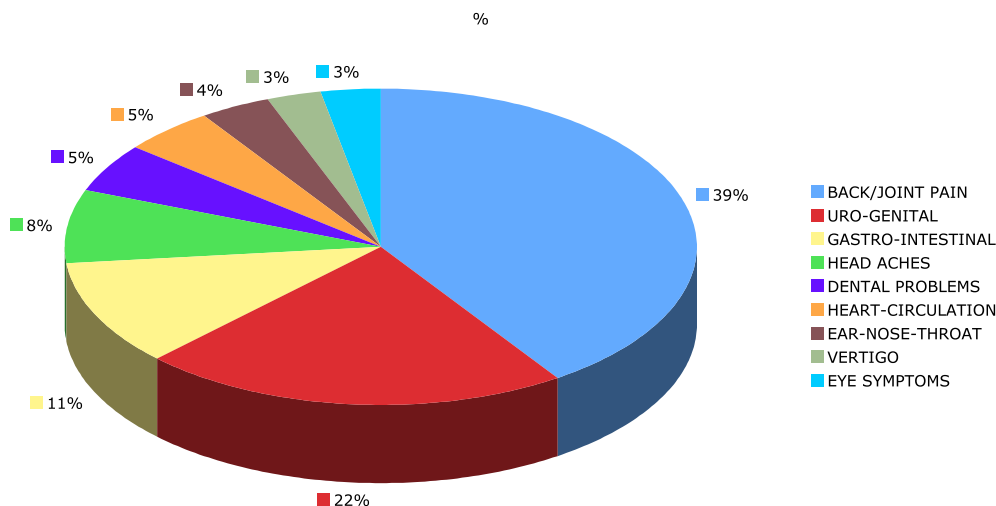


Fig. 1. Frequency of somatic complaints among 63 female torture victims.

scribed way. The punishment for breaking the rules might be 3 months imprisonment or 74 lashes with a whip.⁵ This case does not meet the strictest definition of torture, but is clearly a case of authority sanctioned violence against women. The final verdict of the Alien Appeals Board is not known.

A forty-four year old woman arrived from Colombia. She arrived in Sweden alone in 1995, but the rest of her family (husband and two sons) arrived later the same year. Two years later her appeal for asylum was finally rejected. Her husband had worked for a company who had contacts with different paramilitary groups and guerrilla bands, to whom he had given information and help with transportation of arms. Because of these dual-or multiple loyalties he had been forced to go into hiding. Guerillas and paramilitary groups harassed the patient and her family, their lives were threatened and some relatives were killed. Her house was often visited by uniformed paramilitaries, usually 4–8 at a time who interrogated her, beat her with fists and rifle butts, and kicked her. She said they raped her several times, sometimes threatening her with knives, and also subjected her to genital torture by introducing foreign objects into her vagina. She reported getting pregnant three times during this period, had illegal abortions, and was finally surgically sterilized. At examination about 7 years after the assaults she still felt pain in the hypogastrium, and suffered from hemorrhoids. The forensic examination revealed scars mainly from sharp violence, both from knives and shards of glass. Psychiatric examination showed that she fulfilled the criteria for PTSD. This case is typical for many female victims of violence or torture. They are punished for their husbands political or illegal activity and tortured to reveal possible information about his activity and contacts.

A Ugandan woman, aged 25, arrived in Sweden with her young niece. She belonged to a tribe in northern Uganda and her family had been closely affiliated with former ruler Milton Obote. In civil uprisings around 1990 she had lost her closest family. She was arrested by the military police in 1991 and imprisoned without a trial accused of illegal political activity. As a prisoner she was living with a dozen others in a cell with mud floor where she had to urinate and defecate in the corners. Every morning they “had breakfast”, i.e. were beaten by guards, and during day they were forced to labour by digging ditches and graves. Sometimes she had to help to bury fellow prisoners. During work they were beaten with copper cables and whips made from hippopotamus skin. She was often interrogated and during these sessions her torturers were sometimes playing Russian roulette with her. After a year she was transferred to the home of a high military officer where she was sexually abused and in the days used as a slave doing house work. She escaped to Sweden in 1992. At examination in December 1993 she had 17 scars on her body presumably from whipping with copper cables, kicks, and deep possibly previously infected abrasions presenting as mottled keloid scars³ on elbows, knees, and back (Fig. 3). The psychological tests and the psychiatric investigation showed that she



Fig. 3. Scar ascribed to a previously infected deep abrasion (Case 3).

fulfilled all the criteria for PTSD. She was described as an intelligent woman, very tired and detached, showing no signs of psychosis. She suffered from constant headache and insomnia. This background is typical for the female refugees from Uganda, who were frequently encountered during 1990–95. They were innocent bystanders or victims of the rebellious activities of military/political opponents in the wake of the dictatorships of Idi Amin and Milton Obote, which ended in 1986. The patient's further fate in Sweden is not known.

5. Discussion

This study shows that experience of torture and abuse is not uncommon among female asylum applicants in Sweden. Compared with male alleged torture victims few have been engaged in political activity, and quite a few had not been arrested or tortured in the strictest meaning of the word. The most typical characteristic of this group is that they have been victims of social and political circumstances, i.e. the political and other activities of their husbands or other family members. With few exceptions, only the female university students from Bangladesh had been arrested by the police and tortured because of their own activities, i.e. participating in demonstrations as members of some political organization. The situation in Bangladesh is characterized by violent conflicts between the ruling parties and the opposition. Although a muslim society, where women in some respects are regarded as second-class citizens, it is still so secular that women can attend higher educational institutions and have independent political affiliations. And the semi-autonomous police force, known for their torture and brutality,⁴ does not seem to make any exceptions for women.

War refugees were seen from very different parts of the world: Somalia, Angola, Colombia, Kosovo, and India. The Kosovan and Angolan conflicts have since calmed down, whereas the Colombian, Somalian, and Indian remain on the agenda. All except one patient (from Kosovo) states they had been extensively sexually abused by military groups in the victim's home or in the arrest.

The Indian women were victims of the civil warfare in Punjab/Khalistan where their husbands had been killed in battle.

It can be presumed that during the period of this study (1993–2005) many of the asylum seekers in Sweden came from war-zones, e.g. former Yugoslavia and Iraq. The women have often come with their families and some of them might have been abused,⁶ but these refugee groups have not had any difficulties in getting asylum in Sweden. It is mostly single individuals whose allegation and circumstances have come into doubt that are in the greatest need of examination and documentation of torture.

According to Swedish law persecution because of ethnicity and religion are approved reasons for asylum. Although it is often difficult to separate one from the other (and from political activity) a few clear-cut cases were found.

Ethnic persecution was alleged by kurds from Turkey and Iran, by an Armenian in Azerbajdzjan, by a Bihari woman from Bangladesh, and by a Jewish woman from Russia.

Religious persecution was reported in a few Iranian women (Christian and Bahai), a Moslem from Bosnia, and a Christian woman from the northern Moslem provinces of Nigeria.

Adultery or more correct accusations of adultery was involved in a few cases. The women accused of adultery reported similar stories. They had been married for money to someone they could not accept as a sexual partner. Refusing to submit, they had been beaten severely by their husband or other family members, and after escaping they had been accused of adultery. In Islamist countries such as Pakistan, and Iran where these women came from, such an accusation might mean severe punishment, imprisonment, and even a death sentence without trial.⁵ Of the reasons given in asylum applications accusations of adultery is unique for women. We have encountered a few males that have been persecuted and threatened for not having carried out a “murder of honor” by killing a sister accused of adultery, but not for “male” adultery per se.

Torture of women is often limited to beatings, flogging, and rape. In this study, 76% had been raped. This could be compared with a previous study from the CTD of 167 male patients of whom 20% had been subjected to rape or sexual/genital torture.⁹ Other studies have also found a high prevalence of sexual torture including rape among female torture victims.⁷ At least one study comprising 25 Bosnian women subjected to torture and rape has assessed the psychiatric sequels.⁸ Strangulation during rape was mentioned in 20%. Special torture methods were rarely mentioned such as 8 cases of electric torture, 5 cases of suspension and 4 cases of falaka (beating of the feet). Other methods were only reported once or twice, e.g. incineration, application of corrosive liquid, skin extraction, and finger torture. Most common among the psychological torture methods were threats and fake executions. Thus, systematic torture and inventive methods are more often reported by male torture victims.⁹

The persisting somatic symptoms after torture were mainly pains and aches from soft tissues and joints. This has been found to be the most common sequels to torture and the cause of the pain have to be analyzed by specialists before the cause can be determined.¹⁰ About 22% had persisting symptoms from the genital sphere such as dysmenorrhea, amenorrhea, diffuse pain in the hypogastrium, i.e. clearly correlated to the torture trauma. In a previous study including mainly male torture victims the fraction with uro-genital symptoms was much lower.⁹

The prevalence of PTSD was higher than among male subjects.⁹ This ought to be investigated further but is out of the scope of this study. Only a few studies on female refugees that we know of have been published and they have focused mainly on sexual abuse and psychological sequelae.^{6–8,11–14} However, those studies indicate that sexual abuse is a strong determining factor for the development of PTSD, which could be one explanation for the higher prevalence of PTSD among the women in this study.

The conclusion of this study is that torture of women is not uncommon. The secondary role played by women in many cultures does not make them immune against violent torture. The circumstances leading to arrest and/or torture differ in men and women in that women in most cases are the indirect victims of someone else's political activities or are breaking social taboos involuntarily. When tortured, they are subjected to as rough treatment as their male counterparts but more seldom to specific torture methods and they are almost invariably raped in most cases several times and by many different torturers.

Acknowledgements

This study was supported by Grants from the Board of Social Welfare in Sweden, No. 51-12659/98. Special thanks to Irene Hellgren-Wallinder at the KTC for excellent secretary help, and Agneta Brimse at the Department of Forensic Psychiatry, Gothenburg, Sweden for linguistic revision of the manuscript.

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